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SAFE DELIVERY

Surrendering Parent Rights

By surrendering your newborn, you are releasing your newborn to a child placing agency to be placed for adoption.

You have 28 days after surrendering your newborn to petition the court to regain custody.

After the 28 days end there will be a hearing to terminate your parental rights.

There will be a public notice of this hearing; however, the notice will not contain your name.

You will NOT receive personal notice of the hearing.

Any information you are willing to provide to an Emergency Service Provider will NOT be made public.

**Contact the safe delivery
hotline for more information
on safe delivery:**

**1-866-733-7733
TOLL-FREE**

**A “Safe Place”
is:**

- **Fire Station**
- **Police Station**
- **Hospital**

SAFE DELIVERY

**Learn more about your CHOICES
Call: 1-866-733-7733**

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

Quantity: 200,000 * Cost: \$13,575.00 (.0670 ea.) * Authority: FIA Director
State of Michigan * Family Independence Agency
FIA-Pub-864-NET (1-01)

**What
am I
going to
do?**

**SAFE
DELIVERY**

Please don't abandon your baby!

Young and Scared?

You may be a teen or a young adult who is not ready emotionally or financially to be a parent. Maybe you have been able to keep your pregnancy a secret. But now what? You have a choice to take your newborn to a safe place.

What is a Safe Place?

If your baby is three days old or less, it is not a crime to surrender your newborn to an employee of a hospital, fire department or a police station.

No One Needs to Know

You can leave without giving your name. It would help the baby if you gave some basic health information. However, you do not have to answer any questions.

It is your choice.

What Happens to Your Baby?

If your baby needs medical attention, he or she will receive it. The professional staff person who accepts the baby will contact an adoption agency. Social workers will place the baby with a pre-adoptive family. There are many families who want to adopt. The plan is to make sure your baby has a good home where he or she can grow up healthy and happy.

It's Your Choice

Maybe you made a mistake. But you can make a good choice now. You can choose a safe place for your newborn. It is a decision that will help you and your baby. Your baby can have a family

KEEP THIS CARD OR GIVE IT TO A FRIEND

Learn more
about:

**SAFE
DELIVERY**

**Call: 1-866-733-7733
TOLL-FREE**

Safe Delivery Program FACT Sheet Effective January 1, 2001

Why a new law?

To end the tragedy of unwanted newborns being hidden and left to die in dumpsters and elsewhere, Michigan lawmakers have passed a law to make it legal for a parent to surrender their infant in a safe and anonymous manner.

What the new law provides?

- Unharmred newborns, up to 72 hours old, can be taken to an **Emergency Service Provider (ESP)**, meaning, a uniformed or otherwise identified employee of a fire department, hospital or police station that is **inside** the building and on duty. The parent has the choice to leave the infant without giving any identifying information to the **ESP**.
- The **ESP** is authorized to accept the infant and provide whatever care may be necessary.
- The **ESP** will make a reasonable effort to provide the parent with the following information:
 1. A written statement of the parent's rights following surrender of the infant.
 2. Information about other confidential infant placement options, as well as information about the availability of confidential medical and counseling services, e.g., Public Health, Community Mental Health, Family Planning Clinics, Adoption Agencies.

What are the rights of the surrendering parent?

- The surrendering parent has the right to be informed that by surrendering the newborn, the parent is releasing the newborn to a child placing agency to be placed for adoption.
- The parent has 28 days to petition the court to regain custody of the newborn.
- Any information the parent provides the **ESP** will **not** be made public.
- A criminal investigation shall not be initiated solely on the basis of a newborn being surrendered to an ESP.

What happens to the baby?

- After the child's medical status is assessed and any urgent medical needs are met, the newborn is placed under the temporary custody of the court in an approved preadoptive family.
- After the 28-day period for the parent to petition the court for custody elapses, there will be a public hearing to terminate parental rights.
- There will be a public notice of this hearing, and the notice will not contain the parent's name, even if known.
- The parent will not receive personal notice of this hearing, even if the parent has provided a name and address to the **ESP**.
- The infant will be placed for adoption as soon as parental rights have been legally terminated.

Can the parent provide background information?

Yes! Definitely, yes, The **ESP** will make a reasonable attempt to offer the parent the opportunity to:

1. Identify herself/himself and the other parent.
2. Provide information about prenatal care.
3. Provide family medical history and any history of parental substance abuse.
4. To sign a release of parental rights.
5. Receive information about confidential medical care she may be in need of herself.

Does this law encourage parental irresponsibility?

There is no evidence from other states that the presence of such laws encourage abandonment.

The purpose of this law is to reduce the tragic loss of life when parents of newborns react out of fear and panic.

For more information call:

Toll Free: 1-866-733-7733

Quantity: 30,000

Cost: \$558.50 (.018 ea.)

Authorization: FIA Director

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SURRENDERING PARENT RIGHTS

- By surrendering your newborn, you are releasing your newborn to a child placing agency to be placed for adoption.
 - The child placing agency can provide confidential services to you.
 - The agency must make a reasonable attempt to identify the non-surrendering parent.
- You have 28 days after surrendering your newborn to petition the court to regain custody of your newborn.
- After the 28 day period to petition for custody elapses, there will be a hearing to terminate parental rights.
- There will be a public notice of this hearing, however the notice will not contain your name.
- You will **not** receive personal notice of this hearing.
- Any information you are willing to provide to an Emergency Service Provider will **not** be made public.
 - You may remain completely anonymous, however you will be asked if you are willing to identify yourself. You may remain anonymous and still provide family and medical background that the baby may need in the future.
- Contact the toll-free Safe Delivery Hotline at **1-866-733-7733** for more information, e.g., resources for counseling and medical services, adoption options.

CONFIDENTIAL
Voluntary Medical Background Form for a Surrendered Newborn
Michigan Family Independence Agency

Preference for Child's Name	Date of Birth
Where was the child born?	Sex

SURRENDERING PARENT BACKGROUND (Optional)

Name			Date of Birth	Phone Number
Address				
Race	Height	Weight	Hair Color	Eye Color
Any Family History of:		Yes	No	
Sickle Cell Disease		<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease		<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	
Cancer.....		<input type="checkbox"/>	<input type="checkbox"/>	→ If Yes Type _____
Genetic Disease		<input type="checkbox"/>	<input type="checkbox"/>	→ If Yes Type _____
HIV.....		<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis		<input type="checkbox"/>	<input type="checkbox"/>	
Family History of Mental Illness		<input type="checkbox"/>	<input type="checkbox"/>	→ If Yes Explain _____
Drug or Alcohol Usage		<input type="checkbox"/>	<input type="checkbox"/>	→ If Yes Explain _____
Surgical History				

OTHER PARENT BACKGROUND (Optional)

Name			Date of Birth	Phone Number
Address				
Race	Height	Weight	Hair Color	Eye Color
Any Family History of:		Yes	No	
Sickle Cell Disease		<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease		<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	
Cancer.....		<input type="checkbox"/>	<input type="checkbox"/>	→ If Yes Type _____
Genetic Disease		<input type="checkbox"/>	<input type="checkbox"/>	→ If Yes Type _____
HIV.....		<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis		<input type="checkbox"/>	<input type="checkbox"/>	
Family History of Mental Illness		<input type="checkbox"/>	<input type="checkbox"/>	→ If Yes Explain _____
Drug or Alcohol Usage		<input type="checkbox"/>	<input type="checkbox"/>	→ If Yes Explain _____
Surgical History				

INFORMATION ABOUT THE PREGNANCY

Length of Pregnancy	Weight Gain Lbs.	Drug or Alcohol Use During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, Explain _____
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EMERGENCY SERVICE PROVIDER OBSERVATIONS

Comments			
ESP Signature		Date	Phone Number
Address:		City	State Zip Code

GENERAL INSTRUCTIONS

PURPOSE OF FORM:

The Emergency Service Provider (ESP) is encouraged to obtain the child's family medical history with the understanding that the surrendering parent may still remain anonymous. Completion of the family medical history **is very important** for the current and future health needs of the child.

The Emergency Service Provider should assist the surrendering parent by reading and recording information provided by the surrendering parent about the maternal and paternal family medical history.

INFORMATION ABOUT THE CHILD:

- Ask the surrendering parent if there is a preferred name for the child. If not, record Baby Boy/Girl Doe.
- Enter the child's date of birth.
- Identify the city and state where the child was born. Describe the place of birth: house, motel, etc.
- Sex of child

PARENT INFORMATION:

- The name, date of birth, phone number and address of the surrendering or non-surrendering parent is **not** required.
- The parent should be encouraged to identify as much medical information as is known and provide details where requested.
- The parent profile information of race, height, weight, hair color and eye color is information that the child may want at a future date and should be obtained if the parent is willing to disclose.

INFORMATION ABOUT THE PREGNANCY:

- Encourage the surrendering parent to provide this minimal information about the pregnancy.

EMERGENCY SERVICE PROVIDER OBSERVATIONS:

- Record information observed or discussed with the surrendering parent.
- Sign and date.
- Provide address and phone number.

FORM DISTRIBUTION:

- Original is given to the child-placing agency for adoption planning.
- The ESP should copy and retain per agency protocols.

AUTHORITY: State P.A. 232 of 2000
RESPONSE: Voluntary
PENALTY: None

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VOLUNTARY RELEASE FOR ADOPTION OF A SURRENDERED NEWBORN BY PARENT
Michigan Family Independence Agency

In the matter of _____, a newborn child.

1. I, _____, DOB _____ am the ☐ mother ☐ father
of the above child, who was born on _____ at _____
(place)
2. I understand that I have parental rights to this child and that by signing this release, I voluntarily release
all of my parental rights to my child. (Subject to number three below.)
3. I understand that I have 28 days after surrendering my newborn child to petition the court to reclaim
custody of my child.
4. Understanding the above provisions, I release completely and permanently my parental rights to my
child, and release my child to a child placing agency for the purpose of adoption.

Date _____ Parent Signature _____

Address _____

City _____ State _____ Zip _____

Witnessed by _____
Name (type or print)

on _____, at _____
Date Agency and Address

Signature

IF A NOTARY IS AVAILABLE: Notary Public

Subscribed and sworn to before me on _____,
Date County and State

My commission expires: _____ Signature: _____
Date

Name (type or print)

AUTHORITY: State P.A. 232 of 2000
RESPONSE: Voluntary
PENALTY: None

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